

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE SOLDIER READINESS PROGRAM (SRP) PRIORITY EVALUATION		OTSG APPROVED <i>(Date)</i>
TO:	FROM:	DATE:
REQUEST		
<p>1. Reason for request: _____-year-old active duty <input type="checkbox"/> male <input type="checkbox"/> female presents with the following problems:</p> <p>a. History: _____</p> <p>_____</p> <p>b. Complaints of: _____</p> <p>_____</p> <p>c. Physical findings: _____</p> <p>_____</p> <p>2. Please evaluate and determine deployability.</p> <p>3. Request your consultation report: <input type="checkbox"/> Today <input type="checkbox"/> Within 72 hours</p>		
REQUESTING PROVIDER'S PRINTED NAME OR STAMP		REQUESTING PROVIDER'S SIGNATURE
CONSULTATION REPORT		
<p>4. Is the service member deployable:</p> <p><input type="checkbox"/> Yes - no limitations.</p> <p><input type="checkbox"/> Yes - but with the following limitation(s) (profile): _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> No - for the following reason(s): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

When completed, the service member must return this form to the SRP medical officer.

(Continue on reverse)

PREPARED BY <i>(Signature & Title of Consulted Provider)</i>	DEPARTMENT/SERVICE/CLINIC	DATE								
<p>PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)</i></p>		<table style="width: 100%;"><tr><td><input type="checkbox"/> HISTORY/PHYSICAL</td><td><input type="checkbox"/> FLOW CHART</td></tr><tr><td><input type="checkbox"/> OTHER EXAMINATION OR EVALUATION</td><td><input type="checkbox"/> OTHER <i>(Specify)</i></td></tr><tr><td><input type="checkbox"/> DIAGNOSTIC STUDIES</td><td></td></tr><tr><td><input type="checkbox"/> TREATMENT</td><td></td></tr></table>	<input type="checkbox"/> HISTORY/PHYSICAL	<input type="checkbox"/> FLOW CHART	<input type="checkbox"/> OTHER EXAMINATION OR EVALUATION	<input type="checkbox"/> OTHER <i>(Specify)</i>	<input type="checkbox"/> DIAGNOSTIC STUDIES		<input type="checkbox"/> TREATMENT	
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